

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 26 / 2016</div> </div>	

Full Name of Payee <b>North Wood Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 22 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 25438.44	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D711479
Purpose of Expenditure Radio	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>North Wood Advertising</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 22 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 6385.00	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D711480
Purpose of Expenditure Radio	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: ID	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31823.44
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

 MM / DD / YYYY  
 04 / 08 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

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Full Name of Payee <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 20 / 2016	
Mailing Address 155 Grand Avenue		Amount 150.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710986
Purpose of Expenditure Online Ad	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 22 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	31973.44

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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